

Instructions for the Termination of Agreement Form 4

User Agency: The User Agency submitting the form.

Location of Property: The town or city in which the space to be occupied under the lease or rental agreement is located.

Name of Office/Facility: The specific division, office, or section of the User Agency for which space is being leased or rented (e.g., Fitchburg Area Office, Boston Regional Office). If more than one, give all that apply.

SF: The total square footage occupied under the lease or rental agreement.

Terminated/Expired Agreement: Provide the following information for the terminated or expired agreement:

- a. **Address of Property:** Enter the street address, city or town, and zip code.
- b. **Term:** Enter the occupancy date under the agreement and the ending date under the agreement.
- c. **Type of Agreement:** Indicate with a check mark which category applies.

New Location(s): Indicate the location(s) where the staff for this office have been relocated, and provide the full address of each new location. "Same Space" should be checked when the User Agency will continue to occupy the same space under a new agreement. "State Space" should be checked whenever the User Agency will be occupying space in a state-owned building, including cases where rent will be paid under an interagency agreement. "Other Leased Space" should be checked when the User Agency will occupy new space in a privately-owned building or in a building owned by a public entity distinct from the Commonwealth (i.e., municipalities, counties, state authorities, etc.). "None" should be checked only when the office has been closed or consolidated into another existing office.

Notification of Termination or Expiration: Enter the final date space was occupied under the terminated agreement and give the reason for termination (e.g., moved to new location). Please discuss all early termination of leases or tenancy agreements with your DCAM Project Manager before submitting this form or notifying the landlord. Enter the name, title and telephone number of the person who prepared the form and who may be called with any questions. The form should then be signed by the authorized User Agency Signatory and a copy submitted to DCAM.

TERMINATION OF AGREEMENT

4

For DCAM use:

Project #: _____

Facility Code: _____

Project Manager: _____

DCAM / Office of Leasing and State Office Planning 617-727-8000 x800

USER AGENCY NAME: _____		LOCATION OF PROPERTY: _____	
NAME OF OFFICE/FACILITY: _____		SF: _____	
TERMINATED/EXPIRED AGREEMENT			
a. Address No. & Street: _____ City/Town: _____ Zip: _____			
b. Term Begin Date: _____ End Date: _____		c. Type of Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Tenancy <input type="checkbox"/> Other _____	
NEW LOCATION(S) <input type="checkbox"/> Same Space <input type="checkbox"/> State Space <input type="checkbox"/> Other Leased Space <input type="checkbox"/> None			
No. & Street: _____ City/Town: _____ Zip: _____ No. & Street: _____ City/Town: _____ Zip: _____			
NOTIFICATION OF TERMINATION OR EXPIRATION			
The User Agency vacated space under the above-referenced agreement effective _____. The agreement terminated effective _____. Comments: _____			
User Agency Contact: _____ Title: _____ Telephone: _____ Authorized Signature: _____ Title: _____ Date: _____		DCAM Reviewed by: _____ Date: _____	